

**SECTION I** (To be completed by School Readiness Client)

In order to provide child care while client is attending school, we must verify school attendance of the client named below. Please assist by completing and returning this form to the Early Learning Coalition of Hillsborough County School Readiness Program within fourteen (14) calendar days.

**Parent/Guardian Name:** \_\_\_\_\_

*I hereby give permission for my school to release the following information to the ELCHC School Readiness Program.*

\_\_\_\_\_  
Signature of Parent/Guardian Date

**SECTION II** (To be completed by School Records Official)

**1. Student's Name:** \_\_\_\_\_

**2. Student's Address:** \_\_\_\_\_  
(include apt. #, city, state, zip code)

<b>3. Days of Attendance</b>	<b>From (Time)</b>	<b>To (Time)</b>
Monday	____:____	____:____
Tuesday	____:____	____:____
Wednesday	____:____	____:____
Thursday	____:____	____:____
Friday	____:____	____:____
Saturday	____:____	____:____
Sunday	____:____	____:____

**Course Semester Begins:** \_\_\_\_\_ **Course Semester Ends:** \_\_\_\_\_

**Number of Credit Hours Student is Currently Enrolled:** \_\_\_\_\_ **Work Study:**  Yes  No

**4. Name of School:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Address of School:** \_\_\_\_\_  
(include apt. #, city, state, zip code)

*Educational Activities shall be limited to: GED Program, Secondary Education Program, Technical/Vocational Program, A.A., A.S., B.A., and B.S.*

**5. Name and Title of Records Official:** \_\_\_\_\_

\_\_\_\_\_  
Signature of Records Official Phone Number Date

**Official Seal:**